

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/506,318
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52						
3		2					53						
4	1						54						
5	1						55						
6	1						56						
7	1						57						
8	1						58						
9	1						59						
10	1						60						
11	1						61						
12	1						62						
13	1						63						
14	1						64						
15	1						65						
16	1						66						
17	1						67						
18	1						68						
19	1						69						
20	1						70						
21	1						71						
22	1						72						
23	1						73						
24	1						74						
25	1						75						
26	1						76						
27	1						77						
28	1						78						
29	1						79						
30	1						80						
31	1						81						
32	1						82						
33	1						83						
34	1						84						
35	1						85						
36	1						86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL REQ.	1		1		1								
TOTAL DEP.	14	1	1	1	1	1							
TOTAL CLAIMS	15	1	1	1	1	1							

RECEIVED APR 12 1987